

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007359

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 19

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10560

20500

3

4 0

5 0

6

7 0

8 2

99291

10 3

11050

127-3

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jeff.</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rural Meramec</u> | | c. CITY OR TOWN <u>Cedar Hill</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS <u>RR #1</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Jimmy Lee Finn</u> | | 4. DATE OF DEATH Month Day Year <u>2-23-63</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 29 1946</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u> | | 11. BIRTHPLACE (City and state or country) <u>Asheley Creek Mo</u> | |
| 13a. FATHER'S NAME <u>Melvin Finn</u> | | 13b. MOTHER'S MAIDEN NAME <u>CLARA VAUGHN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates) <u>No</u> | | 17. INFORMANT <u>CLARA FINN Cedar Hill Mo. R #1</u> | |
| 18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning -</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>-</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell through ice on Lake</u> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u> | | 20f. CITY, TOWN, OR LOCATION <u>Meramec Twp. Jeff. Mo.</u> | |
| 21. I attended the deceased from <u>Coopers Creek</u> and last saw her alive on <u>2:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>James C. Palmer M.D. Coroner</u> | | 22b. ADDRESS <u>Festus, Mo.</u> | |
| 22c. DATE SIGNED <u>2-23-63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2/26/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Bur. Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Cedar Hill Mo</u> |
| 24. FUNERAL DIRECTOR <u>PRIMMER</u> | 25. DATE RECD. BY LOCAL REG. <u>2-26-63</u> | 26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur J. Goss Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.